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· PROFIT ·
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90015 039 ****150.00

DOCUMENT # 477971

1. Corporation Name

VOLUSIA TRANSIT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
950 BIG TREE ROAD DAYTONA BCH FL 32119-2518	950 BIG TREE ROAD DAYTONA BCH FL 32119-2518

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualifed
06/16/1975

4. FEI Number
59-1602676

Applied For
Not Applicable

5. Certifcate of Status Desired ☐

$8.75 Additional · Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
FISCHER, KENNETH R 950 BIG TREE ROAD DAYTONA BEACH FL 32019	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____   DATE **1-4-99**
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** ☐ DELETE NAME **HEIL, LOUIS L** STREET ADDRESS **8117 LEA SHORE** CITY-ST-ZIP **FT WORTH, TEXAS 00000 76179**	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE **VD** ☐ DELETE NAME **BARTOSIEWICZ, JOHN P** STREET ADDRESS **400 PALOVERDE LANE** CITY-ST-ZIP **FT WORTH, TX 00000**	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE **VD** ☐ DELETE NAME **FISCHER, KENNETH R.** STREET ADDRESS **776 OSPREY DRIVE** CITY-ST-ZIP **PORT ORANGE, FL 00000**	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE **ST** ☐ DELETE NAME **HEIL, KAREN L.** STREET ADDRESS **8117 LEA SHORE** CITY-ST-ZIP **FORT WORTH TX**	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Karen L. Heil, Secretary/Treasurer**   **1-14-99**   **817-232-9551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)